FILED EFFECTIVE

REINSTATEMENT

			Annual Report Form	2. Registered Agent and Office NOT ATTO-
No.	W 4205		ADMIN DISSOLVED 09/10/2001	MANISIMINO LOYA
Return	n to:	1, Mailing A	ddress - Correct in this box, if applicable	64 VISTA LN
700 PO	CRETARY OF S 0 WEST JEFFEF 0 BOX 83720 DISE, ID 83720-0	ISON TRIPLE MANSIN	L, L.L.C. MINO LOYA MAXIMIX 1701 T ST	BURLEY, ID 83318 3. New registered agent signature
FEE	DUE \$30.00	ROUGE	HEYBURN ID 83336	
4. C	Corporations: Ent	er Names and Business Ado ompanies: Enter Names and	dresses of President, Secretary and Directors Addresses of Secretary and Directors	
	Office held	Name	Street or P.O. Address	City State Zip
M	EMBER	MANSIMINO LO	OYA 1701 T ST	BURLEY TID 83336
М	IEMBER	ROMANA S LO	YA 1701 T ST	BURLEY OID 83336
		and the second s	and the state of t	o 清 8
5. Organized under the laws of: IDAHO W 4205			6. Signature	Date 6-22-06
			Name (Typed or MANSIMINO LO	YA TitleMEMBER

Issued 06/20/2006 by KDW